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Employee Benefits Handbook and Summary Plan Descriptions (SPD)

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Family and medical leave

For qualifying events, Aetna's Family and Medical Leave (FML) policy allows eligible U.S. employees to take family leave, family medical leave and employee medical leave up to a total of 16 weeks in a rolling 12-month period - with the assurance of the same or an equivalent position upon return to work.

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Eligibility

You are eligible to take a leave under Aetna's Family and Medical Leave (FML) policy for a qualifying event if you have at least 12 months (not necessarily consecutive) of service and have worked at least 1,000 hours in the 12 months immediately before the leave begins.

Your time away from work does not count toward the 1,000 hours of work requirement. However, certain time away from work, such as certified disability leave, PTO and military leave, will count toward the 12 months of service requirement. In addition, time you have worked at Aetna as a temporary employee (including time you worked at Aetna through a temporary agency) will count toward both the 12 months of service and 1,000 hours of work requirements.

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Your manager determines whether you meet the eligibility requirements for leave. If you notify your manager of the need for FML leave before you meet the eligibility requirements, he or she can tell you when you will become eligible for leave.

If you are a regular employee scheduled to work at least 15 hours a week and have less than 12 months of service, you are eligible for only limited leave protection. Please see Limited leave protection for first-year employees.

Limited Leave Protection for First-Year Employees

Effective May 1, 2002, Aetna's policy on limited leave protection for first-year employees will be changed to better meet business needs and streamline leave administration.

- Generally, employees with less than 12 months of service are not eligible for job-protected leave under Aetna's Family and Medical Leave policy. Currently, managers may take disciplinary action on the basis of first-year employees' STD-related absences but must hold their jobs open for up to 13 weeks of certified disability. Beginning May 1, managers will not be required to wait until the end of 13 weeks if there is a business need to fill positions. This change will not affect an employee's receipt of Short-term Disability (STD) benefits.
- First-year employees may continue to be entitled to job-protection for 1) pregnancy-related disability absences that are approved for STD benefits or employee medical leave (EML); and 2) leave that Aetna determines is required as an accommodation under the Americans with Disabilities Act (ADA) or similar law.

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Leaves available under the Aetna FML policy

Three types of leave are available under Aetna's FML policy: family leave, family medical leave and employee medical leave.

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Family leave

You may take an unpaid family leave for the birth and care of your newborn child, for adoption of your child or for foster care of a child placed with you. Family leave is available to both men and women and must be taken within the first 12 months after the child is born, adopted or placed with you.

In some cases, a family leave can begin before the foster care placement or adoption of a child occurs. For example, family leave may be used for time spent attending mandatory counseling sessions, appearing in court and consulting with an attorney on a placement or adoption. You may take family leave on an intermittent or reduced leave schedule basis if your manager agrees and it is consistent with business needs. Whether you take family leave all at once (for example, immediately after the birth of a child) or on an intermittent or reduced leave schedule basis, the leave must be taken within 12 months of the birth, adoption or foster care placement.

Intermittent leave is leave taken in separate blocks of time due to a single qualifying reason. A reduced leave schedule reduces your usual number of working hours per workweek or per workday for a period of time (for example, four hours a day for three weeks).

Family medical leave

You may take an unpaid family medical leave if a health care provider determines that you are needed to care for an eligible family member with a serious health condition. Eligible family members include:

- Spouse;
- Domestic partner;
- Your child, including a child for whom you are in loco parentis;
- Child of your domestic partner;
- Parent, including an adult who was in loco parentis for you as a child;
- Parent-in-law;
- Parent of your domestic partner;
- Member of your household.

In loco parentis means "in the place of a parent." It refers to a person who raises another individual or acts as a parent.

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Examples of situations for which family medical leave is available:

- Your family member with a serious health condition is unable to care for his or her own basic medical, hygienic or nutritional needs or safety, or is unable to transport himself or herself to the doctor.
- Providing psychological comfort and reassurance would be beneficial to a family member with a serious health condition who is receiving inpatient or home care.
- You are needed to fill in for others who are caring for your family member with a serious health condition, or to make arrangements for changes in care, such as transfer to a nursing home.

You may take family medical leave on an intermittent or reduced leave schedule basis only if your family member's health care provider determines that such leave is medically necessary.

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Employee medical leave

You may take employee medical leave for your own serious health condition. Your health care provider must find that because of your serious health condition, you are unable to work at all or are unable to perform any one of the essential functions of your position.

If your absence is certified under Aetna's short-term disability (STD) plan or Workers' Compensation, it automatically is medically approved for employee medical leave, beginning on the first day of your absence, and will be counted against your 16-week allotment, provided you are eligible for leave. For more information about STD benefits and LTD benefits, see those headings in this chapter of the handbook.

If your absence is not certified by Aetna Disability Services for STD benefits (either because you did not

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meet the one-week waiting period for benefits or because STD benefits were denied), you may apply separately for employee medical leave. You must request leave protection within two business days after you receive notice that STD benefits have been denied, and you must submit the required medical information to Total Health and Disability Services (TH&DS) within 15 days of your request for leave. If you have PTO available, you must use that time to cover the employee medical leave. If your PTO balance is zero, the leave will be unpaid.

Your manager determines whether you have met the eligibility requirements for employee medical leave. TH&DS only determines if the medical information submitted by your health care provider indicates that your absence is due to a serious health condition.

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Definitions

Serious health condition — A serious health condition is an illness, injury, impairment, or physical or mental condition that involves inpatient care or continuing treatment by a health care provider as defined below:

Inpatient care — Inpatient care is an overnight stay in a hospital, hospice or residential medical care facility, including any period of incapacity (the inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from such a condition) or any subsequent treatment in conjunction with inpatient care.

Continuing treatment by a health care provider — A serious health condition involving continuing treatment by a health care provider includes any one or more of the following:

A serious health condition involving continuing treatment by a health care provider includes any one or more of the following:

- A period of incapacity of more than three consecutive calendar days and any subsequent treatment or period of incapacity relating to the same condition *that also involves:*

— Treatment two or more times by a health care

provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., a physical therapist) under orders of, or on referral by, a health care provider; or

— Treatment by a health care provider on at least one occasion that results in a regimen of continuing treatment under the supervision of the health care provider;

- Any period of incapacity due to pregnancy or for prenatal care;
Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one that:

— Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;

— Continues over an extended period of time (including recurring episodes of a single underlying condition); or

— May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy);

- A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. You or your family member must be under the continuing supervision of, but need not be receiving treatment by, a health care provider. Examples include a severe stroke, the terminal stages of a disease or Alzheimer's disease;
- Any period of absence to receive multiple treatments (including any period of recovery from such treatments) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation), severe arthritis (physical therapy) or kidney disease (dialysis).

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"Treatment" includes examinations to determine if a serious health condition exists and evaluations of the condition. It does not include routine physical examinations, eye examinations or dental examinations. An example of a "regimen of continuing treatment" would be a course of prescription medication, such as an antibiotic, or a therapy requiring special equipment, such as oxygen, to resolve or alleviate the health condition. A regimen of continuing treatment that can be initiated without a visit to a health care provider — such as taking aspirin or antihistamines or drinking fluids — is not sufficient by itself to constitute a regimen of continuing treatment for the purpose of FML leave.

Restorative dental or plastic surgery after injury or removal of cancerous growths may be a serious health condition if all other conditions of the definition are met. Allergies also may be serious health conditions if all the conditions of the definition are met.

Substance abuse may be a serious health condition if the conditions of the definition are met. However, FML leave may be taken only for treatment for substance abuse by a health care provider or by a provider of health care services on referral by a health care provider. An absence because of use of the substance — rather than for treatment — does not qualify for FML leave.

Absences attributable to a period of incapacity due to pregnancy or prenatal care or due to a chronic serious health condition may qualify for FML leave, even though you or your family member does not receive treatment from a health care provider during the absence and the absence does not last more than three days.

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Exceptions

Certain conditions do not qualify as serious health conditions for the purpose of FML leave:

- Conditions for which cosmetic treatments are administered, such as treatment for acne or plastic surgery, unless inpatient care is required or complications develop;
- Unless complications arise, the common cold, flu, earaches, upset stomachs, minor ulcers, headaches (other than migraines), routine dental

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or orthodontia problems and periodontal disease.

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Intermittent leave or reduced leave schedule

You may take employee medical leave intermittently or on a reduced leave schedule basis when medically necessary for:

- Planned or unplanned medical treatment of a related serious health condition by, or supervised by, a health care provider;
- Recovery from treatment or recovery from your serious health condition.

Examples of intermittent and reduced leave schedule include:

- Intermittent leave for a serious health condition requiring periodic treatment by a health care provider for periods from one hour to several weeks — such as occasional leave for medical appointments or for several days at a time over a period of months for chemotherapy;
- A pregnant employee may take intermittent leave for prenatal examinations or for periods of severe morning sickness;
- Reduced leave schedule if you are recovering from a serious health condition and are not strong enough to work a full-time schedule;
- Intermittent or reduced leave schedule if you are incapacitated or unable to perform the essential functions of your position because of a chronic serious health condition, even if you do not receive treatment by a health care provider during your absence.

Leave for other situations

In addition to family leave, family medical leave and employee medical leave described in the preceding sections, Aetna's FML policy allows you to take leave for other situations for which protected leave is available under state or local law. Depending on applicable law, these situations may include time off for children's educational events, bone marrow donations or care of a family member without a serious health condition.

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Length of leave allowed

In any rolling 12-month period, you may take a total of 16 weeks of job-protected family leave, family medical leave and employee medical leave. If you take a leave for more than one qualifying event, all time is combined over the rolling 12-month period.

If you use your 16-week leave allotment and need more time away from work, your manager has the discretion to extend your family leave or family medical leave for up to six months, including your protected leave period. Any additional discretionary leave time is not protected under the law or Aetna's policy. For example, you would not be guaranteed a job when you return.

If your pregnancy-related disability leave exceeds the 16-week allotment, the entire pregnancy-related disability leave may be protected if your condition remains medically certified by Aetna Disability Services or, if short-term disability (STD) benefits are not payable, by Total Health and Disability Services (TH&DS).

In several states, such as California, Oregon, Connecticut and New Jersey, laws regarding family and medical leave may afford you additional leave protection. Contact your manager for information about leave available under your state's law.

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Concurrent leaves

Leaves taken under the FML policy run concurrently with any leave periods for which benefits are paid under the STD or LTD plans, and with any similar leave required under federal, state or local law, including:

- Workers' Compensation;
- State disability plans;
- State and local laws governing disability leave policies, such as pregnancy-related disability leaves;
- Time away from work for participation in children's educational events, bone marrow transplants, care

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of a child without a serious health condition and other situations for which protected leave is available under state or local law.

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Effect on benefits and pay

Leaves of several days generally will not affect your benefits. If you take a longer leave, the following will apply:

- Medical, dental, employee Group Universal Life (GUL), Spousal GUL and Child(ren) Term Life insurance, optional AD&D and optional LTD: You may cancel your medical/dental coverage while on unpaid FML. Otherwise, benefits continue as long as you pay directly your share of the cost during any unpaid portion of your leave. While on a certified and approved unpaid FML leave, you will be billed and pay premiums with after-tax dollars. If you fail to make these contributions, your coverage will be canceled for nonpayment, retroactive to the first of the month in which payment was not made;
- Health care spending account: You may discontinue participation while on FML. Otherwise, participation continues as long as you make contributions during any paid or unpaid portion of your leave. While on an approved unpaid FML leave, you will be billed and make contributions with after-tax dollars. If you fail to make these contributions, participation will be canceled for nonpayment, retroactive to the first of the month in which payment was not made;
- Dependent care spending account: You may discontinue participation while on FML. Otherwise, participation continues during any paid portion of your leave;
- Company-paid term life and company-paid AD&D continue while you are on paid or unpaid FML leave. Business travel accident insurance does not continue;
- STD or LTD: If you're on an unpaid family leave or unpaid family medical leave and become disabled, you're not eligible for STD or LTD benefits. If you are on an approved employee medical leave and are not initially certified for STD benefits, you will be eligible to apply for STD benefits and may be eligible for LTD benefits once you provide Aetna

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Disability Services with acceptable medical certification of your disability;

- ISP: You may not contribute to the Incentive Savings Plan (ISP) during periods of unpaid FML leave. However, your account will remain invested in the plan;
- PTO: If you are on a paid or unpaid FML leave on the first of the month, you will not accrue PTO for that month. If you are on leave January 1, you will not receive the January 1 deposit until you return for one full day. If you are covering an FML-protected leave with PTO on the first of the month, you will accrue PTO for that month, if applicable.
- Length of service: Time on paid or unpaid FML leave counts toward PTO accrual rates, pension service and service awards;
- Other contributions and deductions: During an unpaid FML leave, any contributions to United Way and Combined Health Appeal stop. Also, savings bond deductions stop, and you will be refunded any accumulated contributions that have not been used to purchase a bond.

Using PTO Bank days to cover unpaid FML leave

Family leave and family medical leave

Ordinarily, your family leave or family medical leave will be unpaid. However, you may elect to cover part or all of your protected leave with PTO, if available. PTO will run concurrently with family leave or family medical leave.

Employee medical leave, if leave is also approved for STD benefits

The first week of an employee medical leave that is approved by Aetna Disability Services for STD benefits must be covered by PTO, if available. If no PTO is available, the first week of your leave will be unpaid, unless your manager approves your borrowing PTO in advance of accrual, and you sign an agreement to repay the advanced PTO if you terminate before accruing the time. PTO and STD will run concurrently with employee medical leave.

Employee medical leave, if leave does not qualify or is not approved for STD benefits

Any employee medical leave that is not approved by

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Aetna Disability Services for STD benefits must be covered by PTO, if available. If no PTO is available, the leave will be unpaid. PTO will run concurrently with employee medical leave.

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Job protection

You are guaranteed the same or an equivalent position as long as you return to work by the end of your protected 16-week leave period or statutory leave that is longer than 16 weeks, as long as your position has not been eliminated because of changed business conditions. If your position has been eliminated because of changed business conditions, the company may not discriminate against you in the selection or de-selection process because of your protected leave. If your medical condition prevents you from returning to the same or an equivalent position, other positions or accommodations will be explored.

After your first 12 months of employment, an absence due to a certified and approved leave covered by the company's FML policy will not be used for disciplinary purposes unless your combined FML leaves exceed 16 weeks in a rolling 12-month period. Pregnancy-related absences approved by Aetna Disability Services for benefits under the STD plan or by TH&DS for employee medical leave may be protected even if they exceed the 16-week leave allotment.

If you do not return to work at the end of a certified and approved family leave, family medical leave or employee medical leave (including any additional period that has been certified for STD benefits), your action will be considered a voluntary termination of employment.

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Limited leave protection for first-year employees

If you are a regular employee scheduled to work at least 15 hours a week and have less than 12 months of service, you are eligible for only limited leave protection. Your position or an equivalent position will be held open

for you until you return from a period of disability of up to 13 weeks (not necessarily consecutive), as long as the disability has been certified and approved for STD benefits by Aetna Disability Services. This absence still is subject to disciplinary action under your department's attendance guidelines. First-year employees whose absences (other than pregnancy-related disability absences) have not been certified and approved for STD benefits are not eligible for this limited leave protection and should not seek protection of these absences under the regular employee medical leave certification process.

First-year employees also may be entitled to job-protected pregnancy disability leave for disability absences that are certified and approved for STD benefits or, if STD benefits are not payable, absences are medically certified by TH&DS through the employee medical leave certification process. If certified and approved, these absences are not subject to disciplinary action under your department's attendance guidelines.

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How to receive approval for a leave

You and your manager have specific responsibilities when requesting and acknowledging the request for a leave.

Family leave — no medical certification required

Your responsibility

You should request a family leave at least 30 days before the leave begins, if the need for leave is foreseeable. If the need is not foreseeable, you must make your request within a reasonable time of the family leave event, but no later than two business days after returning to work. Your request for protected leave may be denied if it is not made on a timely basis.

To make your request, you must submit to your manager a Family Leave and Family Medical Leave Request and Acknowledgement form with side one completed. Your manager may request evidence of your need for family leave, such as a birth certificate or

adoption award.

Your manager's responsibility

Your manager must complete side two of the Family Leave and Family Medical Leave Request and Acknowledgement form and give it to you no later than two business days after receipt of your verbal or written request for family leave.

Family medical leave — medical certification required within 15 days after you request leave

Your responsibility

You should request a family medical leave at least 30 days before the leave begins if the need for leave is foreseeable. If the need is not foreseeable, you must make your request within a reasonable time of the family medical leave event, but no later than two business days after returning to work. Your request for protected leave may be denied if it is not made on a timely basis.

To make your request, you must submit to your manager a Family Leave and Family Medical Leave Request and Acknowledgement form with side one completed. You also must have your family member's health care provider complete a Family Medical Leave Statement of Health Care Provider form and submit it to your manager within 15 calendar days of the date you gave verbal or written notice of your need for family medical leave. Your request for protected leave may be denied if it is not made on a timely basis.

Your manager's responsibility

Your manager must complete side two of the Family Leave and Family Medical Leave Request and Acknowledgement form and give it to you no later than two business days after receipt of your verbal or written request for family medical leave.

Employee medical leave — medical certification required within 15 days after you request leave

Your responsibility

You should request an employee medical leave at least 30 days before the leave begins if the need for leave is

foreseeable. For example, if you are pregnant and need to attend regularly scheduled prenatal appointments, the need for leave is foreseeable. You should submit a request for the time you will spend attending the appointments. If the need for leave is not foreseeable, you must make your request within a reasonable time of the employee medical leave event, but no later than two business days after returning to work from an absence of less than one week.

If your absence is approved for STD benefits, you do not need to complete or submit the Employee Medical Leave Request form or the Statement of Health Care Provider form. In this situation, your manager will be notified that the absence is medically certified for employee medical leave. Your manager will then review your eligibility for leave and advise you whether or not the leave will be designated as employee medical leave.

If your absence is denied certification for STD benefits, your manager will determine if you are eligible for employee medical leave and, if you are eligible for leave, will provide you with special Employee Medical Leave Request and Statement of Health Care Provider forms to use in this situation. You must submit the fully completed forms to TH&DS at the address listed on the forms within 15 days of the date your manager provides the forms to you. Failure to submit the fully completed forms to TH&DS on a timely basis may result in the denial of your request for employee medical leave.

Your manager's responsibility

Your manager will review your eligibility for leave and will notify you accordingly within two business days after receiving your request for leave or within two business days after receiving notice of your STD certification or denial.

If your absence is certified as resulting from a serious health condition, your manager must grant the request for leave and count it as protected time if you are eligible for leave, unless Aetna determines that a second medical opinion (paid for by the company) is necessary to verify that your absence results from a serious health condition. Before returning to work from a certified employee medical leave, you may be required to submit information from your health care provider to TH&DS

indicating you are able to resume work.

If you have questions about Aetna's FML policy, see your manager, or call 1-800-AETNA-HR (1-800-238-6247).

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The federal FMLA compared to Aetna's FML policy

The company's FML policy is designed to comply with the requirements of the federal Family and Medical Leave Act (FMLA) of 1993 and similar state and local leave laws. Where specific state or local requirements are more generous than Aetna's policy, the leave provisions mandated by state or local law will govern. In some respects, Aetna's FML policy is more generous than federal, state and local requirements.

The following chart compares key provisions of the federal FMLA and Aetna's FML policy.

Federal FMLA	Aetna's FML policy
Employers must provide eligible employees with up to 12 weeks of job-protected leave in any 12-month period.	Aetna provides eligible employees with up to 16 weeks of job-protected leave in a rolling 12-month period.
Employees are eligible if they have at least 12 months of service and have worked at least 1,250 hours in the 12 months immediately before the leave begins.	Employees are eligible if they have at least 12 months of service and have worked at least 1,000 hours in the 12 months immediately before the leave begins.
Family medical leave is available to eligible employees to care for a spouse, son, daughter or parent with a serious health condition.	Family medical leave is available to eligible employees to care for a spouse, domestic partner, child, child of a domestic partner, parent, parent-in-law, parent of a domestic partner or household member with a serious health condition.

For more information about the federal FMLA, contact the nearest office of the U.S. Department of Labor, Wage and Hour Division, which is generally listed in telephone directories under U.S. Government, Department of Labor.

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If your request for leave is denied

Employee medical leave

If TH&DS determines that your absence is not the result of a serious health condition as defined in Aetna's FML policy or under applicable federal, state or local leave laws, you may appeal the determination by mailing a request for reconsideration to TH&DS or faxing your request to 1-860-273-7397 within 15 days after receiving notice of the denial of medical certification. Include any additional information that you wish to have reviewed. TH&DS will review your written request and notify you in writing of the decision within 30 days.

Employee medical leave, family leave, family medical leave

If your manager denies your request for employee medical leave, family leave or family medical leave, call 1-800-AETNA-HR (1-800-238-6247). You may appeal the matter further through the company's resolution process, which is described in the Personnel Policies and Programs Manual (PP&P).

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California family care and medical leave and pregnancy disability leave

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have the right to an unpaid family care or medical care leave (CFRA leave). This leave may be for up to 12 workweeks in a 12-month period for the birth, adoption or foster care placement of your child, or for your own serious health condition or that of your child, parent or spouse.

If you are not eligible for CFRA leave, but you are disabled because of pregnancy, childbirth or related

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Short-Term Disability benefits

The Short-Term Disability (STD) plan provides continuation of an amount of base pay to eligible employees who become ill or injured for an extended period of time.

- Eligibility
- The waiting period
- How to request disability benefits
- What the plan pays
- Coordination of STD benefits with other income
- When STD benefits end
- When STD coverage ends
- Special circumstances
- How to appeal a decision

Eligibility

You are eligible if you are a regular U.S. employee employed by a participating company, normally scheduled to work 15 or more hours a week and not designated a temporary employee. Employees from an outside agency (e.g., leased employees), individuals designated by the company as independent contractors, career agents and brokers are not eligible.

Generally, participation begins on the first day of the calendar month following your date of hire. If your date of hire is the first calendar day of the month, participation begins on that day. If you happen to be both disabled and away from work on the date your coverage would take effect, your coverage will not take effect until you return to work for one full day, performing all of the material duties of your own occupation. Participation is automatic and no enrollment is necessary. STD eligibility ends when your employment with Aetna terminates.

The amount of your STD benefit depends on your length of service and base pay. For designated special-

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leverage employees, the STD benefit is based on the higher of your base pay or up to \$200,000 of eligible pay. See the definition of eligible pay under Long-Term Disability benefits.

The waiting period

If your disability leave is approved by Aetna Disability Services, the first week (seven consecutive calendar days) of the approved disability leave is the waiting period for STD benefits. The first week is paid out of your PTO. To qualify for STD benefits, your disability leave - including the one-week waiting period - must be approved by Aetna Disability Services.

For example, if you work a five-day-a-week schedule and are approved for STD for six weeks, your manager will deduct the first week (five workdays) from your PTO, and you will receive STD benefits for the remaining five weeks. If you work a three-day-a-week schedule, your manager will deduct the first week (three workdays) from your PTO, and you will receive STD benefits for the remaining five weeks.

If you do not have sufficient PTO to cover the waiting period, the waiting period will be unpaid. If a holiday occurs during the waiting period, you will not have to use PTO to cover that day, and the day, if approved by Aetna Disability Services, will count toward the waiting period.

Defining "disability" — Once you have satisfied the waiting period, STD benefits may begin on the eighth consecutive calendar day of disability. To be eligible, you and your doctor must provide evidence that you are unable to perform the material duties of your own occupation, except that if you start work at a reasonable occupation, you no longer will be deemed disabled. (A reasonable occupation is an occupation you are qualified for based on your education, training and experience.) Your disability must be medically certified by Aetna Disability Services. Also, if Aetna Disability Services identifies you as a candidate for rehabilitation, you will be required to participate in Aetna's rehabilitation program to receive STD benefits.

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Pregnancy-related disability

Aetna does not have separate maternity leave benefits. If you become disabled due to a pregnancy-related condition, your eligibility for benefits will be determined under the STD plan.

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How to request disability benefits

Be sure to call your manager whenever you are absent and have not made arrangements beforehand.

Nonwork-related injury or illness

Notify your manager that you will be absent from work, then call Aetna Disability Services at 1-800-AETNA-HR (1-800-238-6247), select the disability menu, and then the option for disability services. Call as soon as you know you will be absent for more than one week. If you call after hours, you can leave a message. If your nonwork-related disability is not reported within 15 days following the first day of absence, STD benefits may be denied.

Work-related injury or illness

Notify your manager as soon as possible (after receiving any necessary emergency medical assistance), then call Aetna's Workers' Compensation unit at 1-800-AETNA-HR (1-800-238-6247) — even if you aren't sure that the illness or injury will cause you to miss work — and select the appropriate option for Aetna's Workers' Compensation unit. If you call after hours, you can leave a message.

Ergonomics program

The ergonomics program is available to you for assistance with any muscle discomfort that affects you in your work environment, whether you have lost time or not. At the first sign of a problem, call Aetna's Ergonomic Consulting unit at 1-800-AETNA-HR (1-800-238-6247), select the disability menu option, and ask to speak to an

ergonomics consultant, or send an e-mail to "Ergonomic Consulting." If you also are working with a case manager, the ergonomics consultant will coordinate any special needs for return to work with you and the case manager.

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What the plan pays

After the one-week waiting period, the STD plan pays an amount of your base pay for up to 25 weeks. The amount of the payment depends on your length of service. The chart below shows how STD benefits are calculated.

STD benefits on a per-disability basis

If you become disabled during your:	You receive 100% of base pay:	You receive 60% of base pay:
First partial calendar year of employment*	For first 2 weeks	For next 23 weeks
First full calendar year of employment	For first 2 weeks	For next 23 weeks
Second through fifth full calendar year of employment	For first 8 weeks	For next 17 weeks
Sixth through tenth full calendar year of employment	For first 18 weeks	For next 7 weeks
11th full calendar year of employment and beyond	For 25 weeks	N/A

* Unless your date of hire is January 1, the year that you are hired is considered your first partial calendar year of employment. For example, for an employee who was hired on June 1, 2000:
 June 1, 2000 through December 31, 2000 = first partial calendar year of employment
 January 1, 2001 through December 31, 2001 = first full calendar year of employment
 January 1, 2002 through December 31, 2002 = second full calendar year of employment

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If you have a flexible work arrangement, STD benefits are adjusted based on your work schedule. All certified periods of absence due to the same illness or injury that are separated by 30 calendar days or less will be

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counted as a single period of disability. This is known as a successive disability and means that you will not have to satisfy an additional waiting period before qualifying for STD benefits. STD benefits will resume immediately, once your absences are certified. You must call Aetna Disability Services at 1-800-AETNA-HR (1-800-238-6247) on the first day of your absence to report a successive disability.

Once your certified period of disability has ended, if you begin a new, unrelated disability, or if you have a recurrence of a previous disability after more than 30 calendar days have elapsed, you will be required to satisfy an additional waiting period and use another workweek of your PTO before qualifying for STD benefits.

Once you have received STD benefits for 25 weeks for a single period of disability, your benefits will end. At that time, you may be eligible to receive long-term disability (LTD) benefits.

If a holiday occurs during a certified period of disability, you will receive STD benefits (at 100% or 60%, as applicable) for the holiday. In other words, you will not receive holiday pay for that day. If you are on STD on the first calendar day of the month, you will not accrue PTO for that month. If you are on STD on January 1, you will receive the January 1 deposit when you return to work for one full day. (The deposit will not be prorated to reflect time out of the office.)

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Coordination of STD benefits with other income

Under the STD plan, benefits are coordinated with other disability-income benefits for which you are eligible (regardless of whether or not you apply) and wages you receive. That means these other disability benefits and wages will be subtracted from your STD benefits. Other disability benefits include:

- State disability benefits (California, Hawaii, New Jersey, New York and Rhode Island have state plans) that you receive or are eligible to receive,

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- regardless of whether you apply for those benefits;
- Workers' Compensation wage replacement benefits;
 - Other state-mandated disability benefits (such as no-fault insurance benefits);
 - Social Security disability benefits (primary and family).

In addition, STD benefits will be reduced by the following:

- Wages or pay you receive from any source;
- Salary continuation and severance benefits paid to you by Aetna because of termination of employment due to re-engineering, reorganization or staff reduction under the Severance and Salary Continuation Benefits Plan;
- Unemployment compensation.

Employees in California or Rhode Island

You are required to apply separately with the State of California for California State Disability Insurance (SDI) benefits or with the State of Rhode Island for Rhode Island Temporary Disability Insurance (TDI). Aetna will estimate your California SDI or Rhode Island TDI benefit and automatically deduct that amount from your STD benefit, regardless of whether you apply for California SDI or Rhode Island TDI. Once you receive your SDI or TDI benefit from California or Rhode Island, notify the HR Service Center at 1-800-AETNA-HR (1-800-238-6247) of the amount you receive so that any necessary adjustments to your STD benefit can be made.

Information about how and when to apply for California SDI or Rhode Island TDI is available online.

Employees in Hawaii, New Jersey and New York

You will be notified if your work state requires additional information in order for you to receive state disability benefits. An overview of these requirements is available online.

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Overpayment recovery

If you are overpaid STD benefits for any reason, Aetna, to the extent permitted by law, may:

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- Require you to return the overpayment on request;
- Take legal action needed to recover the overpayment;
- Place a lien, if not prohibited by law, in the amount of the overpayment on the proceeds of any other income, whether on a periodic or lump-sum basis.

When STD benefits end

STD benefits end on the earliest date that you:

- Return to work or no longer are certified as disabled from working by Aetna Disability Services;
- Cease to participate or refuse to participate in the rehabilitation program;
- Start work at a reasonable occupation;
- Refuse to attend an independent medical exam, when requested;
- Qualify for LTD benefits;
- Have received STD benefits for a maximum of 25 weeks;
- Start an approved leave of absence (other than a certified and approved employee medical leave of absence);
- Voluntarily or involuntarily terminate employment with Aetna (other than a termination for which you are eligible for job elimination benefits under Aetna's Severance and Salary Continuation Benefits Plan);
- Become confined in a penal or correctional institution for conviction of a criminal or other public offense.

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When STD coverage ends

STD coverage ends on the earliest date that you:

- Voluntarily or involuntarily terminate employment with Aetna;
- Are no longer eligible for coverage.

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Special circumstances

The following circumstances may affect your eligibility for STD benefits.

If you are:	This is what happens:
An active employee who becomes ill or injured	You may be eligible for STD benefits after a one- week waiting period and may subsequently become eligible for LTD benefits
On unpaid leave of absence (other than a certified and approved employee medical leave)	You are not eligible for STD benefits if you become disabled while an unpaid leave of absence
On a certified and approved employee medical leave	If you become disabled under the terms of the STD plan during the leave, you are eligible to apply for STD benefits and may become eligible for LTD benefits
Receiving STD benefits and become eligible for job elimination benefits under the Severance and Salary Continuation Benefits Plan	Your STD benefits will be reduced by salary continuation and severance benefits paid to you under the Severance and Salary Continuation Benefits Plan
Receiving severance pay or the additional 17 weeks of salary continuation due to job elimination and become disabled	You are not eligible for STD benefits if you become disabled while on severance or the additional 17 weeks of salary continuation

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How to appeal a decision

If you disagree with a decision about your eligibility to receive a benefit or the amount of benefit, you have the right to appeal the decision. See Your ERISA right to appeal a denied claim in the "[ERISA Rights](#)" section for details.

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